



# CHILD and ADULT CARE FOOD PROGRAM

## Sponsors of Day Care Homes

### Claim Worksheet

1. Claim Month/Year: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

2. Sponsor Name: \_\_\_\_\_

3. Adjustment #: \_\_\_\_\_

4. Provider ID #: \_\_\_\_\_

#### 5. Enrollment Tier I

	<i>a</i>	<i>b</i>	<i>c</i>
	Participated	Avg. Daily Attendance	Homes Claimed
Tier I	_____	_____	_____

#### 6. Enrollment Tier II

	<i>a</i>	<i>b</i>	<i>c</i>
	Participated	Avg. Daily Attendance	Homes Claimed
Tier II Hi	_____	_____	_____
Tier II Lo	_____	_____	_____
Tier II Mix	_____	_____	_____

#### For State Use Only

#### 7. Meals Tier I Homes:

Meals	Tier I Meals	Tier I Rates	Tier I \$
Breakfast	_____	\$1.11	_____
Lunch	_____	\$2.06	_____
Supper	_____	\$2.06	_____
Snack	_____	\$.61	_____

#### 8. Meals Tier II Homes:

Meals	Tier II Hi Rates	Tier II Hi \$	Tier II Lo Meals	Tier II Lo Rates	Tier II Lo \$
_____	\$1.11	_____	_____	\$.41	_____
_____	\$2.06	_____	_____	\$1.24	_____
_____	\$2.06	_____	_____	\$1.24	_____
_____	\$.61	_____	_____	\$.17	_____

#### 9. Totals Tier I & II

Meals	Total \$
Breakfast	_____
Lunch	_____
Supper	_____
Snack	_____

#### 10. Homes X Rates

Home Count	# of Homes	Rates	Earnings
Initial 1-50	_____	\$97.00	_____
Next 51-200	_____	\$74.00	_____
Next 201-1000	_____	\$58.00	_____
Total Homes	_____	Total \$	_____

#### 11.

B. Homes X Rates Brought Forward	\$ _____
i. Total Homes X Rates to Date	\$ _____
C. Expenses to Date	\$ _____
i. Expenses this Worksheet	\$ _____
ii. Total Expenses to Date (from financial spreadsheet)	\$ _____
D. Lesser of Bi or Cii	\$ _____
E. Less Total Revenue to Date (from financial spreadsheet)	\$ _____
F. Administrative Adjustment	\$ _____
G. Admin Expense Reimb Claim	\$ _____
Issue Admin Advance	\$ _____
Reduce Admin Advance	\$ _____
H. TOTAL REIMB CLAIM	\$ _____

#### Prior payments this Month

Cumulative Pmt to Date	_____
Meals to Date	_____
Admin to Date	_____

#### Net Payments for this Worksheet

Meal Net	_____
Admin Net	_____
Worksheet Net	_____